



A Feast for the Eyes to Make Healthy Eating Fun

Colorful Choices may be the simplest nutrition program ever—no calorie counting, no fat gram tabulating, no weighing and measuring. Just easy-to-remember daily selections of colorful fruits and vegetables—more than 50 to choose from! You aim for a minimum of 5 servings of fruits and vegetables a day for 20 days—100 in all—in red, orange, yellow/white, green, and blue/violet.

Why fruits and vegetables?

Getting enough fruits and vegetables in your diet is the single most important nutrition habit you can adopt for better health. Eating more fruits and vegetables can reduce your risk of obesity, heart disease, some cancers, diabetes, hypertension, and stroke while increasing energy and improving mood. And nutrition studies prove that higher consumption of fruits and vegetables automatically lowers the amount of fat in your diet.

Why color?

It's simple and healthful. By spreading daily fruit and vegetable choices across the rainbow of colors, you're guaranteed the best produce

has to offer for better health. It's eye-catching and fun. Colors grab the imagination and stimulate the mind. What better way to healthy habits than with a burst of color.

Why 20 days?

It takes about 3 weeks for any activity to become a habit. That's especially true with ingrained eating patterns. With daily decisions to make colorful choices, your nutrition habits turn toward produce naturally. By the end of the program, fruit and vegetable selections are part of your routine, not something that requires an extra effort.

What you get

In addition to better eating habits, we will be having several prize drawings.

Getting started

To begin making colorful choices for better health, complete the registration form here and mail or fax it in to us. The registration deadline is *September 5th, 2003*. We will mail you all you need to get started.

REGISTRATION FORM

Please fill out one form for each participant.

Name: (Please Print)	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Status: <input type="checkbox"/> Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Birthdate:
Your Social Security Number:	
E-Mail Address:	
Mail My Participant Guide to: <input type="checkbox"/> Work <input type="checkbox"/> Home (provide home address below) -----	

If Employee, please provide:

Department / Employer:
Division / Office:
Work Address:
City / State / Zip:
Work Phone Number:

If Spouse or Child, please provide:

Employee's Social Security Number:
Home Address: -----
City / State / Zip:
Home Phone Number: